

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS662HOS	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2010
NAME OF PROVIDER OR SUPPLIER SUMMERLIN HOSPITAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 657 TOWN CENTER DRIVE LAS VEGAS, NV 89144		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of a state licensure construction standards survey conducted at your facility on April 2, 2010.</p> <p>The survey was conducted using the authority of NAC 449, Hospitals, last adopted by the State Board of Health on November 17, 2005.</p> <p>The following area(s) were remodeled: Phase II (of two phases) of the catheterization laboratory, which included the staff lounge and staff clothes change areas.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following deficiencies were identified:</p>	S 000		
S 070	<p>NAC 449.3154 Construction Standards</p> <p>1. Except as otherwise provided in this section, a hospital shall comply with the provisions of NFPA 101: Life Safety Code, pursuant to section 1 of this regulation.</p> <p>This Regulation is not met as evidenced by: The project's submittal edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC) is the 2006 edition.</p> <p>This REG is not met as evidenced by:</p> <p>(K067) NFPA 90A Section 3-3.1.2 Dampers.</p>	S 070		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 070	<p>Continued From page 1</p> <p>Based on observation and document review, the facility failed to install the required fire dampers for the soiled workroom.</p> <p>Findings include:</p> <p>The soiled workroom of Phase I was re-verified for its installed ventilation to clarify the air balance report. The project's soiled workroom had a supply duct and an exhaust duct. Review of the facility's plans indicated that neither of these ducts were protected with a fire damper.</p>	S 070			

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